Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

		CLAIMS A	S FILED -	PART	1		SMA	LL EI	UTITV		OTHER	THAN	
			(Column	1)	(Colu	mn 2)	TYP			ÖR	SMALL		
TOTAL CLAIMS							R/	ATE	FEE		RATE	ØFE.	ćí
FOR			NUMBER FILED		NUMBER EXTRA		BAS	IC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			2 % minus 20=		. 18		XS	9=		OR	X\$18=	326 0	
IND	EPENDENT CL	AIMS	(minus 3 =		*		∶x			OR	X80=	<i>,,,,,</i>	
ΜU	LTIPLE DEPEN	DENT CLAIM P	RESENT				-					3B36	
* If	the difference	in column 1 is	ro ente	r "0" in c	olumn 2		35=		OR	+270=	200	Fi	
				·	T II		TC	TAL		OR	TOTAL	1464.4	ز
	U	LAIMS AS A (Column 1)	AMENDED	Colui) - PAH			SMALL E		ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		, HIGH NUM	IEST IBER OUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X	=6		OR	X\$18=		
	Independent	*	Minus	***		=	X.	40=		OR	X80=		1
	FIRST PRESE	NTATION ÓF M						25			+270=		l
BEST AVAILABLE COPT L_TOTAL										OR	+270= TOTAL		-
		(0.1		.		(- 1 - 1		T. FEE		OR	ADDIT. FEE	<u> </u>	┨
AMENDMENT B		(Column 1) CLAIMS		(Colu	mn 2) HEST	(Column 3)							1
		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE_	
	Total	*	Minus	** *		=	X	\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	X.	40=	•	OR	X80=		1
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	SENDEN.	T CLAIM			٥.		1	070		1
	+135= TOTAL									OR	+270="		4
								T. FEE	L	OR	ADDIT. FEE		4
	ETT AT ANY MET IN THE CO.	(Column 1) CLAIMS	Charleson Capper		mn 2)	(Column 3)				_			Ì
AMENDMENT C		REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	XS	5 9=		OR	X\$18=		1
	Independent	*	Minus	***		=		40=		ľ	X80=		$\frac{1}{2}$
	FIRST PRESE	NTATION OF M	ULTIPLE DEPENDEN		T CLAIM			-		OR		 	4
+135= OI											+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OF											TOTAL ADDIT. FEE		1
	If the "Highest Nu The "Highest Nun	mber Previously f ober Previously Pa	raid For" IN TH aid For" (Total o	IS SPACE or Independ	is less th dent) is th	an 3, enter "3." e highest numbe			propriate bo	x in co			1